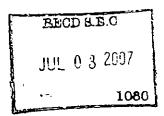
1399837

FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPRO	OVAL
OMB Number:	3235-0076
Expires:	
Estimated average	e burden
hours per respons	e 16.00

SEC US	E ONLY
Prefix	Senat
DATE RE	CEIVED
]

Name of Offering (check if this is an amendment and name has changed, and indicate change.) EMEVALA DMMUNICATIONS, INC.	
Filing Under (Check hox(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	1 (4 7))
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	07070102
Emerald Communications, Inc.	07070102
Address of Executive Offices (Number and Street, City, State, Zip Code) / Telephon	e Number (Including Area Code)
Address of Principal Business Operations (Number and Street City State Zin Code) Telephor	ne Number (Including Area Code)
(if different from Executive Offices) St. Ste 105 Phoenix A 2 85 28 28 (180) Brief Description of Business	967-5835
	abricAROBELGEN
Type of Business Organization Corporation	" _ JUL 0 9 2007
Actual or Estimated Date of Incorporation or Organization: Month Year	THOMSON FINANCIAL
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6 77d(6).	s), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received hich it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.	
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. An photocopies of the manually signed copy or bear typed or printed signatures.	y copics not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only report the name of thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A not be filed with the SEC.	<u> </u>
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securit ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Ad are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exempti accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendition notice and must be completed.	ministrator in each state where sales ion, a fee in the proper amount shall
ATTENTION—	
Failure to file notice in the appropriate states will not result in a loss of the federal exemption. appropriate federal notice will not result in a loss of an available state exemption unless such exe	

filing of a federal notice.

	19. 1 19. 4	A. BASIC ID	ENTIFICATION DATA		
2. Enter the information re-	quested for the fo	llowing:			
 Each promoter of the 	ne issuer, if the is	suer has been organized v	vithin the past five years;		
Each beneficial own	er having the pow	er to vote or dispose, or di	irect the vote or disposition	of, 10% or more o	f a class of equity securities of the issuer.
• Each executive offi	cer and director o	f corporate issuers and of	corporate general and ma	naging partners of	partnership issuers; and
		of partnership issuers.			
CL -t- D() -t At	N	[] D5-1-0	The state of the s	· ·	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if		Norgan Se	ecurities,	Inc.	
Business or Residence Addres	s (Number and	Street, Ofty, State, Zin C	reet 16th		N4 (0005
Check Box(es) that Apply:	Promoter der ma	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if		(1
(n_0)	15 10	tt st. ste	1108 /as	Vesas	NV 89101
Business or Residence Addres	s (Number and	Street, City, State, Zip C	ode)	75.	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	s (Number and	Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	Cieneral and/or Managing Partner
Full Name (Last name first, if	individual)		 _	-	
Business or Residence Address	s (Number and	Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	s (Number and	Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)	···	-		
Business or Residence Address	s (Number and	Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)		···········		
Business or Residence Addres	s (Number and	Street, City, State, Zip C	ode)		
	(Use bla	nk sheet, or copy and use	additional copies of this s	heet, as necessary)

				we.	B, I	NFORMAŤ	ION ABOU	T OFFERI	NĢ				
1.	Has the	issuer solo	i, or does ti	he issuer i	ntend to se	ll, to non-a	ccredited i	nvestors in	this offer	ing?		Yes	No No
				Ans	wer also it	Appendix	, Column 2	2, if filing i	ander ULC	E.			- -
2.	What is	the minim	um investr	nent that w	ill be acce	pted from	any individ	luat?				\$ ZS	000
3.	Does th	e offering	permit joint	t ownershi	pofasing	le unit?			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Yes	No []
4.			ion request									,	_
	If a pers	ion to be lis	ilar remune ted is an ass	sociated pe	rson or age	ent of a brol	cer or deale	r registered	l with the S	EC and/or	with a state	,	
	or state: a broke	s, list the na r or dealer,	me of the b	roker or de et forth the	aler. If me informati	ore than five on for that	c (5) persor broker or	ns to be list dealer only	ed are asso	ciated pers	ons of such		
Ful			first, if indi			·			·				 -
<u></u>			oada		·	4. 6							
Bus		LO W	Address (N			西上C		NЧ	NY	100	05		
Nar	ne of Ass	())	oker or Dea	aler .				ifies					
Stat	tes in Wh		V (45 Listed Has		Or Intends				1 +	NC.			
	(Check	"All States	" or check	individual	States)			•••••					States
	AL	[ĀK]	\overline{AZ}	ĀR	CA	CO	CT	DE	DC	FL	[GA]	HI	ΠĎ]
	IL		IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE.	NV	NH	NJ	NM	×	NC	ND	OH	OK	OR	PA
	RI	SC	SD	TN	TX	ÜΤ	VT	VA	WA	WV	<u>wi</u>	WY	PR
Ful	l Name (Last name	first, if indi		C - 0	1		,					
Bus	siness or	Residence	Address 0		Street. (ity. Stale.	Zin Code)		_ .				
D 44.		1 ^		Stree		6te	<u>(L(</u>	NYN	14	(00	<u> </u>		
	ne of As:	sociated\Br		aler		_				_			
Nai		V(1)	OKER OF DE		a 2ra	n S	6677	afie	Γ 2	-N (
	tes in Wh	<u>'</u> 'v	Listed Has	5 M	or lovends			rifie	5 ,]	-n(.			
		nich Person	<u>lar le</u>	Solicited	or latends	to Solicit	Purchasers		/	-n(.		Al	l States
		nich Person	Listed Has	Solicited	or latends	to Solicit	Purchasers		/	-Λ(. FL	GA	Al	l States
	(Check	nich Person "All States AK IN	Listed Has a Listed Has a or check	S Solicited individual AR KS	or Intends States) CA KY	to Solicit CO LA	Purchasers CT ME	DE MD	DC MA	FL MI	GA MN	III MS	ID MO
	(Check	"All States AK IN NE	AZ IA NV	s Solicited individual	or Intends States) CA KY	CO LA NM	Purchasers CT ME	DE MD NC	DC MA ND	FL MI OH	GA MN OK	III MS OR	MO PA
Stat	(Check IL MT) RI	AK IN NE SC	Listed Has or check AZ IA NV SD	S Solicited individual KS	or Intends States) CA KY	to Solicit CO LA	Purchasers CT ME	DE MD	DC MA	FL MI	GA MN	III MS	ID MO
Stat	(Check IL MT) RI	AK IN NE SC	AZ IA NV	S Solicited individual KS	or Intends States) CA KY	CO LA NM	Purchasers CT ME	DE MD NC	DC MA ND	FL MI OH	GA MN OK	III MS OR	MO PA
Star	(Check IL MT) RI Name ("All States "AK" IN NE SC	Listed Has or check AZ IA NV SD	S Solicited individual AR KS	or latends States) CA KY NI TX	CO LA NM UT	Purchasers CT ME VT	DE MD NC	DC MA ND	FL MI OH	GA MN OK	III MS OR	MO PA
Star Ful Bus	(Check IL MT) RI I Name (AK IN NE SC Last name	Listed Has " or check AZ IA NV SD	S Solicited individual AR KS TN ividual)	or latends States) CA KY NI TX	CO LA NM UT	Purchasers CT ME VT	DE MD NC	DC MA ND	FL MI OH	GA MN OK	III MS OR	MO PA
Ful Bus Nar	(Check IL MT) RI I Name (siness or	AK IN NE SC Last name	Listed Hases or or check AZ IA NV SD first, if indi	s Solicited individual AR KS TN ividual)	or latends States) CA KY NI TX d Street, C	CO LA NM UT	CT ME VT Zip Code)	DE MD NC VA	DC MA ND	FL MI OH	GA MN OK	III MS OR	MO PA
Ful Bus Nar	(Check IL MT) RI I Name (siness or	AK IN NE SC Last name Residence	Listed Hase or or check AZ IA NV SD first, if individed to the control of th	S Solicited individual AR KS TN ividual) Number an aler	or lotends States) CA KY NI TX d Street, C	CO LA NM UT City, State,	CT ME VT Zip Code)	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN QK WI	MS OR	MO PA
Ful Bus	(Check IL MT RI Name (siness or me of Assetes in Wh (Check	AK IN NE SC Last name Residence sociated Braich Person "All States"	I Listed Has or or check AZ IA NV SD first, if indi Address (? oker or Dea Listed Has or check	S Solicited individual AR KS TN ividual) Number an aler Solicited individual	or lutends States) CA KY NI TX d Street, C or Intends States)	CO LA NM UT City, State,	CT ME VT Zip Code)	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN QK WI	MS OR	ID MO PA PR
Ful Bus Nar	(Check IL MT) RI I Name (siness or	AK IN NE SC Last name Residence	IListed Hases or or check AZ IA NV SD First, if individed the control of the	S Solicited individual AR KS TN ividual) Number an aler	or lotends States) CA KY NI TX d Street, C	CO LA NM UT City, State,	CT ME VT Zip Code)	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN QK WI	MS OR MS	ID MO PA PR

C OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS:
--

1,	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \Box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Aiready Sold
	Debt	5 N A	s NA
	Equity	s N/A	S_NA_
	Common Preferred	1	1 · · · · · · · · · · · · · · · · · · ·
	Convertible Securities (including warrants)	*1 *	4 - /
	Partnership Interests	S NA	S_NA
	Other (Specify)	N/4	SNA
	Total	<u> 0.00 502.00</u>	0 s 0.00 1, 300,000
	Answer also in Appendix, Column 3, if filing under ULOE.	, ,	1 1
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Acceptain
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors		s 1 ,300,000
	Non-accredited Investors	<u> </u>	\$2
	Total (for filings under Rule 504 only)		S NA
	Answer also in Appendix, Column 4, if filing under ULOE.		t
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	75	Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		s_NA
	Regulation A		\$
	Rule 504		\$
	Totai		\$ 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		s Ø
	Printing and Engraving Costs		s \$
	Legal Fees		s 25.000
	Accounting Fees	ب	\$ 15,000
	Engineering Fees	<u></u>	s <u>b</u>
	Sales Commissions (specify finders' fees separately)		s 195,000
	Other Expenses (identify) Inv. Zanting FERS		\$ 110.000
	Total	_	\$ 500 345 800

1 212 495 3218

•

C. OFFERING PRICE, NUM	bek of investors, expenses	AND USE OF PROCEEDS
Question 1 and total expenses furnished is the "adjusted gross proceeds to the is	egate offering price given in response to Part C- n response to Part C-Question 4.a. This difference suer."	# (,1>>,000
used for each of the purposes shown. If t an estimate and check the box to the left	gross proceeds to the issuer used or proposed to be the amount for any purpose is not known, furnish of the estimate. The total of the payments listed to the issuer set forth in response to Part C-Ques-	
		Payments to
		Officers, Directors, & Payments To Affiliates Others
Salaries and fees		s_ d _ 0 s_ d
Purchase of real estate		s <u> 0 s d</u>
Purchase, rental or leasing and insta	llation of machinery and equipment	s d 0 \$ 225,000
Construction or leasing of plant bu	ildings and facilities	s_d_ = s_d_
offering that may be used in exchang	ading the value of securities involved in this e for the assets or securities of another issuer	s b D s d
Repayment of indebtedness		s d a sus7,575
Working capital		s d 0 s 442,425
Other (specify)		s
		s
		s 0 0 s b
Total Payments Listed (column total	als added)	051,155,000
	D. FEDERAL SIGNATURE	
illowing signature constitutes an undertaking	med by the undersigned duly authorized person. If t by the issuer to furnish to the U.S. Securities are y the issuer to any non-accredited investor pursuan	Exchange Commission, mon written
suer (Print or Type)	Signature	
nerald Communications		Date
ame of Signer (Print or Type)	Title of Signer (Print or Type)	-414 - 000 -
Dennis Alderman	President	

ATTENTION

intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATUR	٤.	
1. Is any party described in 17 CFR 230.252 provisions of such rule?	2 (e), (d), (e) or (f) presently subject	et to any of the disqualification	Yes No
See Appen	dix, Column 5, for state response.		
2. The undersigned issuer hereby undertakes to Form D (17 CFR 239.500) at such times as	o furnish to any state administrator o required by state law.	f any state in which this notice is	filed, a notice on
The undersigned issuer hereby undertakes issuer to offerees.			
 The undersigned issuer represents that the i Limited Offering Exemption (ULOE) of availability of this exemption has the burde 	the state in which this notice is file	ed and understands that the issu	d to the Uniform er claiming the
The issuer has read this notification and knows undersigned duly authorized person.	the contents to be true and has duly o	aused this notice to be signed on it	s behalf by the
Issuer (Print or Type)	Signature A	Date	
Emerald Communications		July 2,	2007
Name of Signer (Print or Type)	Title of Signer (Print or Type)	(,	
Dennis Alderman	Tresident		

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1		2	3			4		5	;
								Disquali	fication
								under ULOE	State
		to sell to	Type of security						
		credited tors in	and aggregate offering price	Type of investor and				attach explanation of	
	St	ate	offered in state	а	amound purchased in State				
	(Part B	-Item 1)	(PartC-Item 1)	Number of		C-Item 2) Number of		Traft E	-Item 1)
				Accredited		Nonaccredited		.	
State	Yes	No V	10 (1	Investors	Amount	Investors	Amount	Yes	No V
AL	-	X	Conv Debt		25,000	Ψ	4		$\vdash \frown \vdash$
AK				<u> </u>					
AZ				ļ					<u> </u>
AR				_					
CA				<u> </u>					ļ
co									
CT									
DE									
DC				<u>. </u>					
FL		,							
GA						·			
HI									
ID							-		
IL							_ .		<u> </u>
IN									<u> </u>
IA									
KS							<u>.</u> .		
KY									
LA									
ME			-	_					
MD	ļ							_	<u> </u>
MA				<u> </u>					
MI				ļ					
MN				<u> </u>					
MS	<u> </u>			<u> </u>				-	
MO	<u> </u>					<u> </u>			<u> </u>

APPENDIX

1	2 3					5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
i i	Intend to sell to Type of security non-accredited investors in State (Part B-Item 1) Type of security and aggregate offering price offered in state (PartC-Item 1)									
					Number of Accredited		Number of Nonaccredited			
State	Yes	No	-		Investors	Amount	Investors	Amount	Yes	No
MT										
NE										
NV		. 4								
NH		X	Conv	Debt		25,000				
NJ			•							
NM										
NY		X	Conv	Debt	6	1,225,000	Ф	D		
NC			. —	· · · · ·				-		
ND										
ОН										
ок										
OR					<u>-</u> -					
PA										
RI	_									
SC										
SD										
TN								_		
TX										
UT										
VT										
VA										
WA										
WV										
WI							,			
WY		X	Cons	Debt		25,000	ø	b		X
PR				<u> </u>						

